

57373

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002375**

GENERATOR (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR

999000901

INC

② Name **ALUMINUM CO. OF AMERICA**

Name **OPERATING INDUSTRIES INC**

Name **CHEMICAL WASTE MANAGEMENT**

EPA NO. **CAD0074126681**

EPA NO. **CAD0080012024**

EPA NO. **CAT000646117**

Address **5151 ALCOA AVE** Phone No. **588-6141**

Address **900 N POTRERO GRANDE DR.**

Address **PO BOX 1104, 430 W. ELM AVE**

City, State, Zip **VERNON CA 90058**

City, State, Zip **MONTEREY PARK CA**

City, State, Zip **CORLINGA CA 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **47 & 48**

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

⑨ A.	CONC. UPPER	RANGE LOWER	UNITS	E.	CONC. UPPER	RANGE LOWER	UNITS
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **Osmer H Baker Foreman** **81-08-02**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **CAD028277036**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **5-2-81**
TIME **2:30** ☐ AM ☒ PM

⑯ **John W. ...** **5-2-81**
Signature of Authorized Agent and Title Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **C. P. ...** ⑱ QUANTITY (If Measured) **10,000 L**

EPA NO. **CAD030012024** ⑲ STATE FEE (If Any) **17.50**

PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME _____
EPA NO. _____

㉒ **...** **5-4-81**
Signature of Authorized Agent and Title Date Accepted

ORIGINAL